

Appendix I

Change Control Form for Safety Basis Documents

Facility name/number:	Change control form number:
Preparer's name/ Signature:	Date:
Current classification of facility (check): <input type="checkbox"/> LSI <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High hazard	Current classification of hazard type to be evaluated (check): <input type="checkbox"/> LSI <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High hazard
Describe the proposed change (or other change control entry condition):	
<p>Step 1 Check the change control entry condition that applies.</p> <p><input type="checkbox"/> A proposed change in inventory or operations beyond that authorized in existing SBD.</p> <p><input type="checkbox"/> The discovery that previous analyses were inadequate (e.g., a potential hazard was discovered but not identified or was incorrectly analyzed in the SBE document).</p> <p><input type="checkbox"/> A modification of credited controls.</p> <p><input type="checkbox"/> A change in the Work Smart Standard for the safety analysis of non-nuclear facilities or table entries upon which the analysis process is based in the various standards (DOE-S-1027, 40 CFR 302.4, TEEL tables, Q-D constants, BSL definitions).</p> <p><input type="checkbox"/> The facility hazard classification is being reduced.</p> <p>If none of these apply, a Change Control Form does not apply.</p>	

Step 2 Does the proposed change exceed the facility's current classification?

☐ Yes ☐ No

Does the proposed change exceed the current classification of the hazard type to be evaluated?

☐ Yes ☐ No

Is the facility classification being reduced?

☐ Yes ☐ No (If yes, submit this form to original signatory authority for approval of classification downgrade. Attach new SBD, as required.)

Step 3 For Low, Moderate, or High hazard types, go to step 5. For LSI hazard types:

If answers to all of the questions above are No, form complete. Go to Step 4.

If Yes, check option selected:

☐ Revise proposed change to meet LSI classification, add new hazard to screening form and go to Step 4.

☐ Update screening form and evaluate need for Tier 2 or 3 SBD. Approval authority per *ES&H Manual* Document 3.1, Table 9: Residual Risk Matrix.

Step 4. Submit form to facility management for approval.

Facility Management's Name/Title:

Telephone ext: _____ **L-code:** _____

Signature: _____ **Date:** _____

This form shall be maintained in file with facility SBD.

Step 5 For low, moderate, or High hazard facilities:

Evaluate the proposed change (or other proposed change control entry condition), against the following criteria. Do any of the following apply?

- ☐ 1. Could the proposed change (or other change control entry condition) shift an event to a higher risk bin (Figure 3, Analysis Level Matrix) due to an increase in probability and/or consequence? **If yes, go to 5b.**
- ☐ 2. Could the proposed change (or other change control entry condition) create the possibility of a new credible event not previously analyzed? **If yes, go to 5b.**
- ☐ 3. Could proposed change compromise a credited control, or does it require a new control? **If yes, go to step 5d.2.**

5a. If all answers are no, then a negative finding is concluded, and no further evaluation is required. Go to Step 4.

5b. If answers to questions 1 or 2 are yes,

1. Describe scenarios:

2. Estimate worst-case-scenario:

Consequence:

Frequency:

(Attach analysis if more room needed)

5c. Compare against Analysis Level Matrix (*ES&H Manual* Document 3.1, Fig. X).**1. If final ranking is in Hazard Analysis space:**

- A. If new hazard condition fits into the same or lesser risk bin than the original analysis for hazard type, then a negative finding is concluded. Go to Step 4.
- B. If risk bin has increased due to new hazard condition, check mitigated impact to nearby facilities per *ES&H Manual* Document 3.1, Section 4.0. Attach all analyses. Finding is positive: Go to step 6 for AD approval.

2. If final rankings are in Accident Analysis space, go to 5d.**5d. Compare to Residual Risk Matrix.****1. If approval level for hazard type and facility does not increase, go to original signatory for approval. (Finding is positive since additional analysis was needed.)****2. If approval level does increase, complete one of the following:**

- A. Develop new credited controls to reduce the risk to original approval level and develop new or revised OSR(s). Check mitigated impact to nearby facilities per *ES&H Manual* Document 3.1, Section 4.0, and communicate as needed. Attach all analyses. Finding is positive: Go to step 6.
- B. Resubmit revised SBD to higher authority with justification.

Approval Level: _____

Attach all analyses to this form

Step 6. Submit form for approval.

Preparer signature: _____ Date: _____

ES&H Team Leader (or Designee) _____ Date: _____

AB Section Leader (or Designee) _____ Date: _____

Facility Management Designee _____ Date: _____

AD Signature _____ Date: _____

If higher level per 5d, item 2b:

Name/Title: _____

Signature: _____ Date: _____

Name/Title: _____

Signature: _____ Date: _____